Case 18-50043-btb Doc 33 Entered 01/30/18 13:53:44 Page 1 of 37

| | | • | | | |
|-------|--|---|----------|--------------------|----------|
| Filli | I in this information to identify your case: | | | | |
| Deb | ebtor 1 BRIAN DAVID CHRIST | | | | |
| | First Name Middle Name Last Nar | ne | | | |
| | bbtor 2 KATIE LEE CHRIST ouse if, filing) First Name Middle Name Last Nar | na | | | |
| (Spot | ouse II, IIIIIg) FIIST Name Wildle Name Last Nam | ne | | | |
| Unit | nited States Bankruptcy Court for the: DISTRICT OF NEVADA | | | | |
| Cas | se number 18-50043-BTB | | | | |
| | cnown) | | | Check if this is a | an |
| | | | _ { | amended filing | |
| | | | | | |
| ∩ff | fficial Form 106Sum | | | | |
| | fficial Form 106Sum | Otatiatiaal lufammatian | | | |
| | ummary of Your Assets and Liabilities and Certain | | | 12/15 | |
| | as complete and accurate as possible. If two married people are filing toge ormation. Fill out all of your schedules first; then complete the information | | | | |
| | ir original forms, you must fill out a new <i>Summary</i> and check the box at the | | ,u 30 | iledules after y | you me |
| Dort | rt 1: Summarize Your Assets | | | | |
| ган | Summarize Tour Assets | | | | |
| | | | | our assets | |
| | | | Vá | alue of what yo | u own |
| 1. | Schedule A/B: Property (Official Form 106A/B) | | \$ | 580 | 0.000.00 |
| | 1a. Copy line 55, Total real estate, from Schedule A/B | | Ф | | ,,000.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | | \$ | 27! | 5,230.00 |
| | 1a Canulina 63 Tatal of all property on Cahadula A/D | | ď | . 05 | - 220 00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | | \$ | 80: | 5,230.00 |
| Part | rt 2: Summarize Your Liabilities | | | | |
| | | | V. | our liabilities | |
| | | | | mount you owe | |
| 2 | School do De Croditoro Who House Claims Sequend by Proporty (Official Form 1 | OCD) | | | |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 1 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the | | \$ | 379 | 9,743.71 |
| 2 | School de E/Fr Creditore M/ha Have Unacquired Claims (Official Form 106F/F) | | | | |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of the company of the total claims from Part 1 (priority unsecured claims) from line 6e of the company of the | of Schedule E/F | \$ | ; { | 8,388.00 |
| | | 0: 10.1 11.5/5 | • | | |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line | 6j of Schedule E/F | \$ | 6 | 1,124.50 |
| | | | | | |
| | | Your total liabilities | \$ | 449,2 | 256.21 |
| | | | <u> </u> | | |
| Part | rt 3: Summarize Your Income and Expenses | | | | |
| 4 | Calcadida II Varia Inacina (Official Form 4001) | | | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | | \$ | ; | 9,708.04 |
| _ | • | | | | |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | | \$ | ; | 3,517.00 |
| | | | | | |
| Part | rt 4: Answer These Questions for Administrative and Statistical Records | | | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? | | | | |
| | ☐ No. You have nothing to report on this part of the form. Check this box ar | nd submit this form to the court with you | ur oth | er schedules. | |
| | ■ Voc | | | | |
| 7. | Yes What kind of debt do you have? | | | | |
| • • | That land of door do you have. | | | | |
| | Your debts are primarily consumer debts. Consumer debts are those | | a pers | sonal, family, or | r |
| | household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical | ourposes. 28 U.S.C. § 159. | | | |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

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Debtor 1 BRIAN DAVID CHRIST
Debtor 2 KATIE LEE CHRIST Case number (if known) 18-50043-BTB

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

12,961.81

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total c | laim |
|--|---------|----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 8,388.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 8,388.00 |

| | | Case 18-50043-btt | Doc | 33 | Entered 01/30/18 13:5 | 3:44 P | age 3 of | 37 | |
|---|--|---|----------------|--|--|---------------|---------------------------------|-------------------|--|
| Fill | in this inforn | nation to identify your case a | nd this filir | ng: | | | | | |
| Deb | otor 1 | BRIAN DAVID CHRIST First Name | Middle Name | | Last Name | | | | |
| | otor 2 use, if filing) | KATIE LEE CHRIST First Name | Middle Name | | Last Name | | | | |
| Unit | ted States Bar | nkruptcy Court for the: DISTR | ICT OF NE | EVADA | A | | | | |
| Cas | e number _1 | 8-50043-BTB | | | | | | | Check if this is an amended filing |
| _ | | rm 106A/B e A/B: Property | 1 | | | | | | 12/15 |
| think infor | it fits best. Be mation. If more ver every quest | e as complete and accurate as po e space is needed, attach a separ- tion. | ssible. If two | o marr this fo | once. If an asset fits in more than one ied people are filing together, both are trm. On the top of any additional pages te You Own or Have an Interest In | equally resp | onsible for su | oply | ing correct |
| | No. Go to Part | | | | | | | | |
| 1.1 | | | Wha | at is th | e property? Check all that apply | | | | |
| DIAMOND RESORTS Street address, if available, or other description | | _ | Sin | gle-family home blex or multi-unit building ndominium or cooperative | Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D Creditors Who Have Claims Secured by Property | | | ms on Schedule D: | |
| | | 00000-000 | | _] Lar | | Current va | perty? | | rrent value of the rtion you own? |
| | City | State ZIP Code | |] Tim | estment property eshare er | Describe t | | | Unknown ownership interest by the entireties, or |
| | | | | Del | an interest in the property? Check one otor 1 only | a life estat | e), if known. | | |
| | County | | |] Det | otor 2 only otor 1 and Debtor 2 only east one of the debtors and another | | k if this is com structions) | mun | ity property |
| | | | pro | perty i | rmation you wish to add about this ited dentification number: ARE- SURRENDER | m, such as lo | ocal | | |

| Debtor 1 BRIAN DA KATIE LE | _ | - | | Case | e number (if known) 18-5 | 50043-BTB |
|------------------------------|---------------------|------------------------|---|--|---|--|
| If you own or ha | ve more | than one, list h | ere: | | | |
| 430 Old Washoe | Cir. | | Wha | t is the property? Check all that apply Single-family home | Do not deduct secured cla | nime or exemptions. But |
| Street address, if available | e, or other des | scription | | Duplex or multi-unit building Condominium or cooperative | the amount of any secure Creditors Who Have Clair | d claims on Schedule D: |
| Washoe Valley | NV State | 89704-0000 ZIP Code | | Manufactured or mobile home Land Investment property | Current value of the entire property? \$580,000.00 | Current value of the portion you own? |
| Sity | State | Zii Gode | Who | Timeshare Other has an interest in the property? Check one | Describe the nature of y | · · · · · · · · · · · · · · · · · · · |
| Washoe County | | | | = | ■ Check if this is com | nmunity property |
| | | | | At least one of the debtors and another ir information you wish to add about this iter erty identification number: | (see instructions) | |
| 1.3 | KAHANA BEACH RESORT | | ere: What is the property? Check all that apply Single-family home | | Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: | |
| | ,, 0. 00. 400 | oo.p.co. | | Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home | Creditors Who Have Clair | |
| City | State | ZIP Code | | | Current value of the entire property? Unknown | Current value of the portion you own? Unknown |
| | | | ■ □ Who | Timeshare Other has an interest in the property? Check one | Describe the nature of y (such as fee simple, ten a life estate), if known. | our ownership interest ancy by the entireties, or |
| | | | | Debtor 2 only | | |
| County | | | Othe | Debtor 1 and Debtor 2 only At least one of the debtors and another r information you wish to add about this itements identification number: | Check if this is come (see instructions) m, such as local | nmunity property |
| | | | TIM | ESHARE- MAUI, HAWAII | | |
| | | | | your entries from Part 1, including any er here | | \$580,000.00 |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

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| Debto Debto | | RIAN DAVID CHRIST ATIE LEE CHRIST | | Case number (if known) | 18-50043-BTB |
|----------------|-----------------|---|--|--|--|
| 3. Ca | rs, vans, | trucks, tractors, sport utility ve | ehicles, motorcycles | | |
| | No | | | | |
| | Yes | | | | |
| | 168 | | | | |
| 3.1 | Make: | JEEP | Who has an interest in the property? Check one | | ured claims or exemptions. Put |
| | Model: | GRAND CHEROKEE | ☐ Debtor 1 only | | secured claims on Schedule D: ve Claims Secured by Property. |
| | Year: | 2015 | Debtor 2 only | Current value of t | the Current value of the |
| | Approxim | nate mileage: 16000 | ■ Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| | Other info | | \square At least one of the debtors and another | | |
| | | on: 430 Old Washoe Cir., e Valley NV 89704 | ■ Check if this is community property (see instructions) | \$24,000 | .00 \$24,000.00 |
| | | DODGE | | Do not deduct secu | ured claims or exemptions. Put |
| 3.2 | Make: | 2500 LARAMIE TRUCK | Who has an interest in the property? Check one | the amount of any | secured claims on Schedule D: |
| | Model: Year: | 2012 | ☐ Debtor 1 only ☐ Debtor 2 only | Creditors who Hav | ve Claims Secured by Property. |
| | | nate mileage: 45000 | ■ Debtor 1 and Debtor 2 only | Current value of t entire property? | the Current value of the portion you own? |
| | Other info | iate mileage. | ■ Deptor 1 and Deptor 2 only ■ At least one of the debtors and another | entire property: | portion you own: |
| | | on: 430 Old Washoe Cir., | At least one of the deptors and another | | |
| | | e Valley NV 89704 | ■ Check if this is community property (see instructions) | \$25,000 | \$25,000.00 |
| | | | | | |
| 3.3 | Make: | POLARIS | Who has an interest in the property? Check one | | ured claims or exemptions. Put secured claims on Schedule D: |
| | Model: | 90CC QUAD | Debtor 1 only | | ve Claims Secured by Property. |
| | Year: | 2005 | ☐ Debtor 2 only | Current value of t | the Current value of the |
| | • • • | nate mileage: | Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| | Other info | | At least one of the debtors and another | | |
| | | on: 430 Old Washoe Cir., e Valley NV 89704 | Check if this is community property (see instructions) | \$200 | \$200.00 |
| | | KTM | Will be a state of the same of | Do not deduct secu | ured claims or exemptions. Put |
| 3.4 | Make: | 500CC MOTORCYCLE | Who has an interest in the property? Check one ☐ Debtor 1 only | the amount of any | secured claims on Schedule D: ve Claims Secured by Property. |
| | Model: Year: | 2014 | Debtor 2 only | Creditors who have | re Claims Secured by Property. |
| | | nate mileage: 1000 | ■ Debtor 1 and Debtor 2 only | Current value of t entire property? | the Current value of the portion you own? |
| | Other info | | ☐ At least one of the debtors and another | entire property: | portion you own: |
| | Location | on: 430 Old Washoe Cir., | At least one of the deptors and another | | |
| | | e Valley NV 89704 | ■ Check if this is community property (see instructions) | \$2,500 | \$2,500.00 |
| 2.5 | Make | CAN AM | Who has an interest in the preparts 2 Oberland | Do not deduct secu | ured claims or exemptions. Put |
| 3.5 | Make: | QUAD | Who has an interest in the property? Check one | | secured claims on Schedule D: |
| | Model: Year: | 2010 | ☐ Debtor 1 only ☐ Debtor 2 only | Creditors write Hav | ve Claims Secured by Property. |
| | | nate mileage: | ■ Debtor 1 and Debtor 2 only | Current value of t entire property? | the Current value of the portion you own? |
| | Other info | | ■ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | entire property? | portion you own? |
| | | on: 430 Old Washoe Cir., | At least one of the deptots and another | | |
| | | e Valley NV 89704 | ■ Check if this is community property (see instructions) | \$2,000 | \$2,000.00 |

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| Debto Debto | – | RIAN DAVID CHRIST ATIE LEE CHRIST | | Case number (if known) | 18-50043-BTB |
|--|--------------------------|--|--|---|---|
| 3.6 | Make: | FLAT BED TRAILER | Who has an interest in the property? Check one | the amount of any s | ured claims or exemptions. Put secured claims on Schedule D: |
| | Model: Year: | 2006 | ☐ Debtor 1 only | Creditors Who Hav | ve Claims Secured by Property. |
| | | | Debtor 2 only | Current value of the | |
| | | nate mileage:ormation: | ■ Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| | | on: 430 Old Washoe Cir., | ☐ At least one of the debtors and another | | |
| | | e Valley NV 89704 | ■ Check if this is community property (see instructions) | \$300. | .00 \$300.00 |
| 3.7 | Make: | YAMAHA | Who has an interest in the property? Check one | | ured claims or exemptions. Put secured claims on Schedule D: |
| | Model: | 450CC QUAD | Debtor 1 only | | ve Claims Secured by Property. |
| | Year: | 2008 | ☐ Debtor 2 only | Current value of the | he Current value of the |
| | Approxin | nate mileage: | ■ Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| | Other inf | ormation: | ☐ At least one of the debtors and another | | |
| | | on: 430 Old Washoe Cir., e Valley NV 89704 | ■ Check if this is community property (see instructions) | \$500. | .00 \$500.00 |
| 3.8 | Make: Model: | KTM DUKE MOTORCYCLE | Who has an interest in the property? Check one ☐ Debtor 1 only | the amount of any s | ured claims or exemptions. Put secured claims on Schedule D: re Claims Secured by Property. |
| | Year: 2015 | | ☐ Debtor 2 only | | |
| | Approxin | nate mileage: | ■ Debtor 1 and Debtor 2 only | Current value of the entire property? | he Current value of the portion you own? |
| | | ormation: | ☐ At least one of the debtors and another | | |
| | | | ■ Check if this is community property (see instructions) | \$3,500. | .00 \$3,500.00 |
| 3.9 | Make: Model: | SMALL BED TRAILER | Who has an interest in the property? Check one ☐ Debtor 1 only | the amount of any | ured claims or exemptions. Put secured claims on Schedule D: ve Claims Secured by Property. |
| | Year: | 2005 | Debtor 2 only | Current value of the | he Current value of the |
| | Approxin | nate mileage: | ■ Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| | Other inf | ormation: | ☐ At least one of the debtors and another | | |
| | | | ■ Check if this is community property (see instructions) | \$200. | .00 \$200.00 |
| Exa In the second of the seco | mples: B lo 'es d the do | oats, trailers, motors, personal w | | , and accessories cle accessories g any entries for | \$58,200. |
| .pa Part 3 | _ | nave attached for Part 2. Write be Your Personal and Household I | | > | |
| | | | nterest in any of the following items? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| Ex | amples: I No | goods and furnishings Major appliances, furniture, linen | s, china, kitchenware | | Dame 2. Oxompadio. |
| | Yes De | scribe | | | |

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| Debtor 1 Debtor 2 | BRIAN DAVID CHRIST KATIE LEE CHRIST | Case number (if known) | 18-50043-BTB |
|--|--|---|---------------------------------|
| | HOUSEHOLD GOODS | | \$3,000.00 |
| ■ No | les: Televisions and radios; audio, video, stereo, and digital equipment; including cell phones, cameras, media players, games | computers, printers, scanners; music c | ollections; electronic devices |
| 3. Collecti | Describe ibles of value les: Antiques and figurines; paintings, prints, or other artwork; books, pi other collections, memorabilia, collectibles | ctures, or other art objects; stamp, coin | , or baseball card collections; |
| Yes. | Describe | | |
| | OLD COINS | | \$1,000.00 |
| 10. Firear ı <i>Exam</i> ı □ No | Describe ms ples: Pistols, rifles, shotguns, ammunition, and related equipment Describe | | |
| | 380 RUGER X'S | | \$100.00 |
| | 380 RUGER X'S | | \$100.00 |
| | 9MM KIMBER HANDGUN | | \$200.00 |
| | SPRINGFIELD 40 | | \$100.00 |
| | 38 RUGER | | \$100.00 |
| □ No | es ples: Everyday clothes, furs, leather coats, designer wear, shoes, acces Describe | ssories | |
| | WEARING APPAREL | | \$1,000.00 |
| □ No | ry ples: Everyday jewelry, costume jewelry, engagement rings, wedding ri | ngs, heirloom jewelry, watches, gems, ç | gold, silver |
| | WEDDING RINGS | | \$1,000.00 |

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| | btor 1 btor 2 | BRIAN DAVID CHR KATIE LEE CHRIST | | | Case number (if known) | 18-50043-BTB |
|-----|-----------------------------|--|--------------------------|---|-----------------------------|--|
| 13. | | m animals | | | | |
| | Example ■ No | les: Dogs, cats, birds, ho | orses | | | |
| | ☐ Yes. | Describe | | | | |
| 14. | _ ` | ner personal and house | ehold items you did n | ot already list, including any health | aids you did not list | |
| | ■ No □ Yes. • | Give specific information | n | | | |
| | | | | | | |
| 15 | | | | rt 3, including any entries for pages | you have attached | \$6,600.00 |
| | | | | | | |
| | | cribe Your Financial Asse | | | | |
| Do | you ow | n or have any legal or | equitable interest in a | any of the following? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16. | Cash | | | | | |
| | <i>Exampi</i> □ No | les: Money you have in y | your wallet, in your hon | me, in a safe deposit box, and on hand | when you file your petition | on |
| | | | | | | |
| | | | | | CASH ON | |
| | | | | | HAND | \$100.00 |
| | Exampi □ No | | | unts; certificates of deposit; shares in c with the same institution, list each. Institution name: | redit unions, brokerage h | nouses, and other similar |
| | | | CHECKING | | | |
| | | 17.1. | ACCOUNT # | WELLS FARGO | | \$15.00 |
| | | 17.2. | SAVINGS ACCOUNT # | WELLS FARGO BANK | | \$0.00 |
| | | | | | | |
| | | 17.3. | CHECKING ACCOUNT # | WELLS FARGO BANK | | \$10.00 |
| | | | | | | |
| | | 17.4. | CHECKING ACCOUNT # | OEFCU | | \$5.00 |
| | | | | | | |
| 18. | | mutual funds, or publi les: Bond funds, investm | | kerage firms, money market accounts | | |
| | ■ No | | | | | |
| | ☐ Yes | | Institution or issuer na | ame: | | |
| | Non-pul joint ve □ No | - | l interests in incorpor | rated and unincorporated businesse | es, including an interes | t in an LLC, partnership, and |
| | | Give specific information | about them | | | |
| | | Na | ame of entity: | | % of ownership: | |
| | | E | ASY SWIRL, LLC | | 3 % | \$0.00 |

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| Debtor Debtor | | VID CHRIST E CHRIST | | Case number (if known) | 18-50043-BTB | | |
|-----------------------|---|---|---|--------------------------------------|---|--|--|
| Ne No ■ N | egotiable instrume on-negotiable instr No | nts include personal chec | er negotiable and non-negotiable ins ks, cashiers' checks, promissory note nnot transfer to someone by signing or | s, and money orders. | | | |
| | • | | 01(k), 403(b), thrift savings accounts, o | or other pension or profit-sharing p | plans | | |
| ■ Y | es. List each acco | ount separately. Type of account: | Institution name: | | | | |
| | | 401K | EMPLOYER 401K | | \$180,000.00 | | |
| | | 401K | EMPLOYER 401K | | \$30,000.00 | | |
| Yo Ex ■ N | <i>kamples:</i> Agreeme No | ised deposits you have m | nade so that you may continue service d rent, public utilities (electric, gas, wa | ter), telecommunications compan | ies, or others | | |
| | es | t for a pariadia paymant a | Institution name or indiv | | | | |
| I | | Issuer name and descrip | of money to you, either for life or for a lotion. | number or years) | | | |
| 26 U ■ N | 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). No Yes | | | | | | |
| | No | future interests in prop | erty (other than anything listed in li | ne 1), and rights or powers exe | rcisable for your benefit | | |
| 26. Pa t Ex | tents, copyrights camples: Internet o | , trademarks, trade secr domain names, websites, | rets, and other intellectual property proceeds from royalties and licensing | agreements | | | |
| 27. Lic Ex | Yes. Give specific information about them Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No Yes. Give specific information about them | | | | | | |
| Money | or property owe | d to you? | | | Current value of the portion you own? Do not deduct secured claims or exemptions. | | |
| I | | - | ncluding whether you already filed the | returns and the tax years | | | |
| Ex ■ N | • | | ousal support, child support, maintena | nce, divorce settlement, property | settlement | | |

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| Debtor 1 Debtor 2 | BRIAN DAVID CHRIST KATIE LEE CHRIST | Case number (if known) | 18-50043-BTB |
|------------------------|--|--|--|
| | amounts someone owes you ples: Unpaid wages, disability insurance payme benefits; unpaid loans you made to someo | ents, disability benefits, sick pay, vacation pay, workers' compe one else | nsation, Social Security |
| ☐ Yes. | . Give specific information | | |
| | sts in insurance policies ples: Health, disability, or life insurance; health | savings account (HSA); credit, homeowner's, or renter's insural | nce |
| ■ Yes. | Name the insurance company of each policy a Company name: | nd list its value. Beneficiary: | Surrender or refund value: |
| | STATE FARM LIFE I POLICY (NO CASH V | | \$0.00 |
| If you some | nterest in property that is due you from some are the beneficiary of a living trust, expect procone has died. Give specific information | eone who has died eeds from a life insurance policy, or are currently entitled to rec | eive property because |
| Exam ■ No | s against third parties, whether or not you handles: Accidents, employment disputes, insurance. Describe each claim | ave filed a lawsuit or made a demand for payment see claims, or rights to sue | |
| ■ No | contingent and unliquidated claims of every Describe each claim | nature, including counterclaims of the debtor and rights to | o set off claims |
| 35. Any fi ■ No | nancial assets you did not already list | | |
| ☐ Yes. | . Give specific information | | |
| | | art 4, including any entries for pages you have attached | \$210,130.00 |
| Part 5: De | escribe Any Business-Related Property You Own o | or Have an Interest In. List any real estate in Part 1. | |
| - | own or have any legal or equitable interest in any o to Part 6. | business-related property? | |
| Yes. | Go to line 38. | | |
| | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| ■ No | unts receivable or commissions you already Describe | earned | |
| Exam ■ No | equipment, furnishings, and supplies uples: Business-related computers, software, mo | odems, printers, copiers, fax machines, rugs, telephones, desks | , chairs, electronic devices |
| 40. Machi □ No | nery, fixtures, equipment, supplies you use | in business, and tools of your trade | |
| Official For | rm 106A/B | Schedule A/B: Property | page |

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| Debte Debte | | BRIAN DAVI KATIE LEE (| | Case number (if known) | 18-50043-BTB |
|----------------|------------|---------------------------|--|-------------------------|--------------|
| - | Yes. | Describe | | | |
| | | | HAND TOOLS | | \$300.00 |
| 41. I r | | ory | | | |
| _ | No Yes. | Describe | | | |
| | | sts in partnership | ps or joint ventures | | |
| | No Yes. | Give specific info | ormation about them Name of entity: | % of ownership: | |
| 43. C | | mer lists, mailing | g lists, or other compilations | | |
| | Do yo | ur lists include per | rsonally identifiable information (as defined in 11 U.S.C. § 101(41A)) |)? | |
| | _ | ■ No □ Yes. Describe | > | | |
| | No | usiness-related p | property you did not already list | | |
| | | | of all of your entries from Part 5, including any entries for number here | | \$300.00 |
| Part 6 | | | and Commercial Fishing-Related Property You Own or Have an Int interest in farmland, list it in Part 1. | terest In. | |
| | _ ` | | ny legal or equitable interest in any farm- or commercial fi | shing-related property? | |
| _ | _ | Go to Part 7. | | | |
| | | _ | | | |
| Part 7 | 7: | Describe All Pro | operty You Own or Have an Interest in That You Did Not List Above | e | |
| E | Examµ | | perty of any kind you did not already list? ets, country club membership | | |
| | No Yes. | Give specific info | ormation | | |
| 54. | Add t | the dollar value | of all of your entries from Part 7. Write that number here . | | \$0.00 |

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| Debtor 1 BRIAN DAVID CHRIST Debtor 2 KATIE LEE CHRIST | | Case number (if known) 18-500 | -50043-BTB | |
|--|--------------|-------------------------------|--------------|--|
| Part 8: List the Totals of Each Part of this Form | | | | |
| 55. Part 1: Total real estate, line 2 | | | \$580,000.00 | |
| 56. Part 2: Total vehicles, line 5 | \$58,200.00 | | | |
| 57. Part 3: Total personal and household items, line 15 | \$6,600.00 | | | |
| 58. Part 4: Total financial assets, line 36 | \$210,130.00 | | | |
| 59. Part 5: Total business-related property, line 45 | \$300.00 | | | |
| 60. Part 6: Total farm- and fishing-related property, line 52 | \$0.00 | | | |
| 61. Part 7: Total other property not listed, line 54 | + \$0.00 | | | |
| 62. Total personal property. Add lines 56 through 61 | \$275,230.00 | Copy personal property total | \$275,230.00 | |
| 63. Total of all property on Schedule A/B. Add line 55 + line 62 | | | \$855,230.00 | |

| Fill in this infor | | | | |
|---|-----------------|--------------------|-----------|--------------------------------------|
| Debtor 1 | BRIAN DAVID CH | IRIST | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | KATIE LEE CHRIS | ST | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | DISTRICT OF NEVADA | | |
| Case number | 18-50043-BTB | | | |
| (if known) | | | | ☐ Check if this is an amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

| · C | identify the Property rou Claim as E | xempt | | | | |
|--|---|--------------------------------------|--|------------------------------------|--|--|
| 1. | Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. | | | | | |
| ■ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) | | | | | | |
| | ☐ You are claiming federal exemptions. 11 l | J.S.C. § 522(b)(2) | | | | |
| 2. | For any property you list on Schedule A/B | | | | | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption | | |
| | | Copy the value from Schedule A/B | Check only one box for each exemption. | | | |
| | 430 Old Washoe Cir. Washoe Valley, | \$580,000.00 | \$580,000.00 | Nev. Rev. Stat. §§ 21.090(1)(I) | | |
| | NV 89704 Washoe County Line from Schedule A/R: 1.2 | | 100% of fair market value, up to | and 115.050 | | |

| NV 89704 Washoe County - | | _ | | and 115.050 |
|---|-------------|---|---|--------------------------------|
| Line from Schedule A/B: 1.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| 2015 JEEP GRAND CHEROKEE 16000 miles | \$24,000.00 | | \$15,000.00 | Nev. Rev. Stat. § 21.090(1)(f) |
| Location: 430 Old Washoe Cir., Washoe Valley NV 89704 Line from Schedule A/B: 3.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 2012 DODGE 2500 LARAMIE TRUCK 45000 miles | \$25,000.00 | | \$15,000.00 | Nev. Rev. Stat. § 21.090(1)(f) |
| Location: 430 Old Washoe Cir., Washoe Valley NV 89704 Line from Schedule A/B: 3.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| 2014 KTM 500CC MOTORCYCLE | \$2,500.00 | | \$3,000.00 | Nev. Rev. Stat. § 21.090(1)(z) |

1000 miles Location: 430 Old Washoe Cir., Washoe Valley NV 89704 Line from Schedule A/B: 3.4

\$3.000.00

100% of fair market value, up to any applicable statutory limit

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BRIAN DAVID CHRIST Debtor 1 18-50043-BTB KATIE LEE CHRIST Debtor 2 Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B 2010 CAN AM QUAD Nev. Rev. Stat. § 21.090(1)(c) \$2,000.00 \$2,000.00 Location: 430 Old Washoe Cir., Washoe Valley NV 89704 100% of fair market value, up to Line from Schedule A/B: 3.5 any applicable statutory limit 2006 FLAT BED TRAILER Nev. Rev. Stat. § 21.090(1)(z) \$300.00 \$300.00 Location: 430 Old Washoe Cir.. Washoe Valley NV 89704 100% of fair market value, up to any applicable statutory limit Line from Schedule A/B: 3.6 2008 YAMAHA 450CC QUAD Nev. Rev. Stat. § 21.090(1)(z) \$500.00 \$500.00 Location: 430 Old Washoe Cir., Washoe Valley NV 89704 100% of fair market value, up to any applicable statutory limit Line from Schedule A/B: 3.7 2015 KTM DUKE MOTORCYCLE Nev. Rev. Stat. § 21.090(1)(z) \$3,500.00 \$3,500.00 Line from Schedule A/B: 3.8 100% of fair market value, up to any applicable statutory limit 2005 SMALL BED TRAILER Nev. Rev. Stat. § 21.090(1)(z) \$200.00 \$200.00 Line from Schedule A/B: 3.9 100% of fair market value, up to any applicable statutory limit **HOUSEHOLD GOODS** Nev. Rev. Stat. § 21.090(1)(b) \$3,000.00 \$3,000.00 Line from Schedule A/B: 6.1 100% of fair market value, up to any applicable statutory limit **OLD COINS** Nev. Rev. Stat. § 21.090(1)(z) \$1,000.00 \$1,000.00 Line from Schedule A/B: 8.1 100% of fair market value, up to any applicable statutory limit 380 RUGER X'S Nev. Rev. Stat. § 21.090(1)(i) \$100.00 \$100.00 Line from Schedule A/B: 10.1 100% of fair market value, up to any applicable statutory limit 380 RUGER X'S Nev. Rev. Stat. § 21.090(1)(i) \$100.00 \$100.00 Line from Schedule A/B: 10.2 100% of fair market value, up to any applicable statutory limit 9MM KIMBER HANDGUN Nev. Rev. Stat. § 21.090(1)(z) \$200.00 \$200.00 Line from Schedule A/B: 10.3 100% of fair market value, up to any applicable statutory limit **SPRINGFIELD 40** Nev. Rev. Stat. § 21.090(1)(z) \$100.00 \$100.00 Line from Schedule A/B: 10.4 100% of fair market value, up to any applicable statutory limit

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| Debtor 2 | | | | Case number (if known) | 18-50043-BTB |
|----------|--|--------------------------------------|---------|---|------------------------------------|
| | ef description of the property and line on nedule A/B that lists this property | Current value of the portion you own | Am | ount of the exemption you claim | Specific laws that allow exemption |
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| | RUGER e from Schedule A/B: 10.5 | \$100.00 | | \$100.00 | Nev. Rev. Stat. § 21.090(1)(z) |
| | | | | 100% of fair market value, up to any applicable statutory limit | |
| | EARING APPAREL e from Schedule A/B: 11.1 | \$1,000.00 | | \$1,000.00 | Nev. Rev. Stat. § 21.090(1)(b) |
| | o nom so, readic , v B. 1111 | | | 100% of fair market value, up to any applicable statutory limit | |
| | EDDING RINGS e from Schedule A/B: 12.1 | \$1,000.00 | | \$1,000.00 | Nev. Rev. Stat. § 21.090(1)(a) |
| Liii | e nom somedule / v Z. 1 = 11 | | | 100% of fair market value, up to any applicable statutory limit | |
| | SH ON HAND e from Schedule A/B: 16.1 | \$100.00 | | \$100.00 | Nev. Rev. Stat. § 21.090(1)(z) |
| LIII | e nom <i>schedule A/B</i> . 10.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| _ | IECKING ACCOUNT #: WELLS | \$15.00 | | \$11.25 | Nev. Rev. Stat. § 21.090(1)(g) |
| | e from Schedule A/B: 17.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | SY SWIRL, LLC % ownership | \$0.00 | | \$0.00 | Nev. Rev. Stat. § 21.090(1)(bb) |
| | e from Schedule A/B: 19.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | 1K: EMPLOYER 401K e from Schedule A/B: 21.1 | \$180,000.00 | | \$180,000.00 | Nev. Rev. Stat. § 21.090(1)(r) |
| | | | | 100% of fair market value, up to any applicable statutory limit | |
| | 1K: EMPLOYER 401K e from Schedule A/B: 21.2 | \$30,000.00 | | \$30,000.00 | Nev. Rev. Stat. § 21.090(1)(r) |
| | | | | 100% of fair market value, up to any applicable statutory limit | |
| | ATE FARM LIFE INSURANCE DLICY (NO CASH VALUE) | \$0.00 | | \$0.00 | Nev. Rev. Stat. § 687B.260 |
| | e from Schedule A/B: 31.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | ND TOOLS e from Schedule A/B: 40.1 | \$300.00 | | \$300.00 | Nev. Rev. Stat. § 21.090(1)(d) |
| LIII | e nom <i>Schedule A/B</i> . 40.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | e you claiming a homestead exemption be perfect to adjustment on 4/01/19 and every No Yes. Did you acquire the property cover No Yes | 3 years after that for ca | ises fi | | |

Official Form 106C

| Fill in this information to identify you | ur case: | | | | |
|---|--|---------------|-----------------------------------|--|--------------------|
| Debtor 1 BRIAN DAVID C | | | | | |
| First Name | | Last Name | | | |
| Debtor 2 (Spouse if, filing) KATIE LEE CHF First Name | | Last Name | | | |
| 3, | | | | | |
| United States Bankruptcy Court for the | DISTRICT OF NEVADA | | | | |
| Case number 18-50043-BTB | | | | | |
| (if known) | | | | ☐ Check | if this is an |
| | | | | ameno | led filing |
| Official Forms 400D | | | | | |
| Official Form 106D | | | | | |
| Schedule D: Creditors | Who Have Claims S | ecure | d by Propert | y | 12/15 |
| Be as complete and accurate as possible. is needed, copy the Additional Page, fill it number (if known). | | | | | |
| Do any creditors have claims secured b | y your property? | | | | |
| ` | his form to the court with your other so | chedules. Y | ou have nothing else t | o report on this form. | |
| Yes. Fill in all of the information | • | | ou navo nouning oloo t | | |
| | below. | | | | |
| Part 1: List All Secured Claims | | | Column A | Column B | Column C |
| List all secured claims. If a creditor has for each claim. If more than one creditor has much as possible, list the claims in alphabeti | s a particular claim, list the other creditors in | | Amount of claim Do not deduct the | Value of collateral that supports this | Unsecured portion |
| 2.1 BANK OF THE WEST | Describe the property that secures the | e claim: | value of collateral. \$35,545.00 | claim \$24,000.00 | If any \$11,545.00 |
| Creditor's Name | 2015 JEEP GRAND CHEROKE | E | | , | |
| | 16000 miles | | | | |
| ATTN:MANAGING | Location: 430 Old Washoe Cir | r., | | | |
| AGENT | Washoe Valley NV 89704 As of the date you file, the claim is: Ch | neck all that | | | |
| 2527 CAMINO RAMON San Ramon, CA 94583 | apply. | | | | |
| Number, Street, City, State & Zip Code | ☐ Contingent | | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated☐ Disputed | | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | | |
| ☐ Debtor 1 only | ■ An agreement you made (such as mo | ortgage or se | ecured | | |
| Debtor 2 only | car loan) | | | | |
| ■ Debtor 1 and Debtor 2 only | Statutory lien (such as tax lien, mech | anic's lien) | | | |
| At least one of the debtors and another | Judgment lien from a lawsuit | | | | |
| Check if this claim relates to a community debt | Other (including a right to offset) | NUTO LO | AN | | |
| Date debt was incurred 9/2015 | Last 4 digits of account numbe | 4764 | | | |
| 2.2 DIAMOND RESORT FS Creditor's Name | Describe the property that secures the DIAMOND RESORTS | e claim: | \$11,052.00 | Unknown | Unknown |
| ATTN:MANAGING AGENT | TIMESHARE- SURRENDER | | | | |
| 10600 W. CHARLESTON | As of the date you file, the claim is: Chapply. | neck all that | | | |
| BLVD. Las Vegas, NV 89135 | Contingent | | | | |
| Number, Street, City, State & Zip Code | Unliquidated | | | | |
| Who owes the debt? Check one. | Disputed Nature of lien. Check all that apply. | | | | |
| Debtor 1 only | An agreement you made (such as mo | ortnage or co | ecured | | |
| Debtor 2 only | car loan) | Jilyaye UI St | Jourgu | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mech | anic's lien) | | | |
| ☐ At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | | |
| ■ Check if this claim relates to a community debt | Other (including a right to offset) | IMESHAI | RE LOAN | | |

Official Form 106D

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| Debtor 1 BRIAN DAVID CHRIST | | Case number (if know) | 18-50043-BTB | |
|---|---|--|--------------|-------------|
| First Name Middle N Debtor 2 KATIE LEE CHRIST First Name Middle N | | | | |
| Date debt was incurred | Last 4 digits of account number 7303 | ı. | | |
| | | <u>, </u> | | |
| FREEDOM ROAD FINANCIAL | Describe the property that secures the claim: | \$3,292.00 | \$2,500.00 | \$792.00 |
| ATTN:MANAGING AGENT 10509 PROFESSIINAL CIR S Reno, NV 89521 Number, Street, City, State & Zip Code | 2014 KTM 500CC MOTORCYCLE 1000 miles Location: 430 Old Washoe Cir., Washoe Valley NV 89704 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated | | | |
| W 11.00 | Disputed | | | |
| Who owes the debt? Check one. ☐ Debtor 1 only | Nature of lien. Check all that apply. | | | |
| Debtor 2 only | An agreement you made (such as mortgage or s car loan) | securea | | |
| ■ Debtor 1 and Debtor 2 only | \square Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the debtors and another | Judgment lien from a lawsuit | PVCLE LOAN | | |
| Check if this claim relates to a community debt | Other (including a right to offset) | CYCLE LOAN | | |
| Date debt was incurred 7/2014 | Last 4 digits of account number 5091 | <u> </u> | | |
| 2.4 GREATER NEVADA CU Creditor's Name ATTN:MANAGING AGENT | Describe the property that secures the claim: 430 Old Washoe Cir. Washoe Valley, NV 89704 Washoe County As of the date you file, the claim is: Check all that | \$100,000.00 | \$580,000.00 | \$0.00 |
| P.O.BOX 2128 Carson City, NV 89701 | apply. Contingent | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | |
| Who owes the debt? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | |
| Debtor 1 only Debtor 2 only | An agreement you made (such as mortgage or s car loan) | secured | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| ☐ At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| Check if this claim relates to a community debt | Other (including a right to offset) Second N | Mortgage | | |
| Date debt was incurred 2/2014 | Last 4 digits of account number 7805 | 5 | | |
| 2.5 GREATER NEVADA CU Creditor's Name | Describe the property that secures the claim: 2012 DODGE 2500 LARAMIE TRUCK 45000 miles | \$37,492.00 | \$25,000.00 | \$12,492.00 |
| ATTN:MANAGING AGENT P.O.BOX 2128 Carson City, NV 89701 Number, Street, City, State & Zip Code | Location: 430 Old Washoe Cir., Washoe Valley NV 89704 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed | | | |
| Who owes the debt? Check one. ☐ Debtor 1 only | Nature of lien. Check all that apply. | | | |
| Debtor 2 only | An agreement you made (such as mortgage or scar loan) Statutory lien (such as tax lien, mechanic's lien) | secured | | |
| ■ Debtor 1 and Debtor 2 only At least one of the debtors and another | Judgment lien from a lawsuit | | | |

Official Form 106D Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

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| Debtor 1 BRIAN DAVID CHRIST | | | Case number (if know) 18-50043-BTB | | | | |
|-----------------------------|---|--------------------|---|--------------------|--------------|--------------|--------|
| | First Name | Middle Name | Last Name | _ | | | |
| Debtor 2 | KATIE LEE CHRIS | ST | | <u></u> | | | |
| | First Name | Middle Name | Last Name | | | | |
| | if this claim relates to a nunity debt | Othe | er (including a right to offset) | AUTO LOAN | | | |
| Date debt | was incurred 2/2015 | i <u> </u> | Last 4 digits of account num | ber <u>9671</u> | | | |
| 1261 | EATER NEVADA RTGAGE SERVICE | S Describ | pe the property that secures | the claim: | \$192,362.71 | \$580,000.00 | \$0.00 |
| AT | itor's Name TN:MANAGING ENT | | old Washoe Cir. Washo 1704 Washoe County | e Valley, | | | |
| P.C Cai | D.BOX 4138 rson City, NV 702-4138 | As of the apply. | ne date you file, the claim is: | Check all that | | | |
| Num | ber, Street, City, State & Zip C | ode Unli | quidated outed | | | | |
| Who owe | s the debt? Check one. | Nature | of lien. Check all that apply. | | | | |
| ☐ Debtor☐ Debtor☐ | • | | agreement you made (such as loan) | mortgage or secure | ed | | |
| Debtor | 1 and Debtor 2 only | ☐ Stat | utory lien (such as tax lien, me | echanic's lien) | | | |
| ☐ At leas | t one of the debtors and a | nother 🔲 Judg | gment lien from a lawsuit | | | | |
| | if this claim relates to a nunity debt | Othe | er (including a right to offset) | First Mortgag | je | | |
| Date debt | was incurred 5/2013 | <u> </u> | Last 4 digits of account num | ber <u>0219</u> | | | |
| | | | | | 4070 710 | | |
| | • | | on this page. Write that num r value totals from all pages | | \$379,743 | | |
| | the last page of your for at number here: | iii, auu the dolla | ii value totais from all pages | - | \$379,743 | 3.71 | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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| | | | | | | | • | |
|---------------------------|---|---|--|---|--|--|--|-----------------------------------|
| Fi | ll in this inform | ation to identify your | case: | | | | | |
| De | ebtor 1 | BRIAN DAVID CH | IRIST | | | | | |
| _ | | First Name | Middle Na | me | Last Name | | | |
| | ebtor 2 oouse if, filing) | First Name | ST Middle Na | me | Last Name | | | |
| . | | | | | | | | |
| Ur | nited States Ban | kruptcy Court for the: | DISTRICT O | F NEVADA | | | | |
| Ca | ase number 1 | 8-50043-BTB | | | | | | |
| (if I | known) | | | • | | | _ | t if this is an |
| | | | | | | | amen | ded filing |
| \bigcirc | fficial Form | 106F/F | | | | | | |
| | | F: Creditors W | /ho Have | Unsecui | red Claims | | | 12/15 |
| | | | | | | t 2 for creditors with NO | NPRIORITY claims. L | |
| Sch Sch left nar | nedule G: Executor nedule D: Creditor . Attach the Conti ne and case num | ory Contracts and Unexp rs Who Have Claims Sec inuation Page to this pag | pired Leases (Off oured by Propert ge. If you have no | ficial Form 100 y. If more spa o information | 6G). Do not include an ce is needed, copy the | tracts on Schedule A/B: y creditors with partially Part you need, fill it out, not file that Part. On the | secured claims that number the entries | are listed in in the boxes on the |
| | | s have priority unsecure | | | | | | |
| • | □ No. Go to Pa | | a olamio agamo | . you. | | | | |
| | Yes. | | | | | | | |
| 2. | identify what type possible, list the Part 1. If more th | e of claim it is. If a claim ha claims in alphabetical orde aan one creditor holds a pa | as both priority an er according to th articular claim, list | nd nonpriority a e creditor's na t the other cred | mounts, list that claim h me. If you have more tha litors in Part 3. | im, list the creditor separat ere and show both priority an two priority unsecured o | and nonpriority amour | nts. As much as |
| | (For an explanat | ion of each type of claim, s | see the instruction | is for this form | TIN the instruction bookie | Total claim | Priority amount | Nonpriority amount |
| 2.1 | | Ps. 1. A1 | Las | st 4 digits of a | account number | \$8,388.00 | \$8,388.00 | \$0.00 |
| | INTERNA STOP 50 110 CITY Las Vega | PARKWAY as, NV 89106 | VICE WH | nen was the d | ebt incurred? | | _ | |
| | | eet City State Zlp Code | | = | ou file, the claim is: Ch | eck all that apply | | |
| | | the debt? Check one. | | Contingent | | | | |
| | ■ Debtor 1 on | | | Unliquidated | | | | |
| | Debtor 2 on | lly | | Disputed | | | | |
| | Debtor 1 an | d Debtor 2 only | Туј | pe of PRIORIT | Y unsecured claim: | | | |
| | ☐ At least one | of the debtors and another | er 🗆 | Domestic sup | port obligations | | | |
| | ☐ Check if th | is claim is for a commu | nity debt | Taxes and cer | rtain other debts you ow | e the government | | |
| | Is the claim su | ıbject to offset? | | Claims for dea | ath or personal injury wh | ile you were intoxicated | | |
| | ■ No | | | Other. Specify | | | | _ |
| | ☐ Yes | | | | 2015, 2016, 201 | 7 | | |
| Pa | art 2: List All | of Your NONPRIORIT | Y Unsecured | Claims | | | | |
| | | s have nonpriority unsec | cured claims aga | ainst you? | | | | |
| | ☐ No. You have | e nothing to report in this p | art. Submit this fo | orm to the cour | t with your other schedu | iles. | | |
| | Yes. | | | | | | | |
| 4. | unsecured claim | , list the creditor separately | y for each claim. | For each claim | listed, identify what type | olds each claim. If a cred e of claim it is. Do not list c ree nonpriority unsecured | laims already included | l in Part 1. If more |

Total claim

| Debtor 1 Debtor 2 | BRIAN DAVID CHRIST KATIE LEE CHRIST | | Case number (if know) 18-50043-BTB | 1 |
|----------------------|--|--|---|-------------|
| 4.1 | AMCOL SYSTEMS | Last 4 digits of account number | ALL ACCOUNTS | \$550.00 |
| | Nonpriority Creditor's Name ATTN:MANAGING AGENT P.O.BOX 21625 | When was the debt incurred? | 2017 | |
| | Columbia, SC 29221 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | □ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ■ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify COLLECTION | ON | |
| | BANK OF AMERICA | Last 4 digits of account number | 5218 | \$12,894.00 |
| | Nonpriority Creditor's Name ATTN:MANAGING AGENT P.O.BOX 26012 | When was the debt incurred? | 2015-CURRENT | |
| ٦ | Greensboro, NC 27410 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ■ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | ■ Other. Specify CREDIT CA | ARD | |
| | BARCLAY BANK DELAWARE Nonpriority Creditor's Name | Last 4 digits of account number | 5073 | \$14,433.00 |
| | ATTN:MANAGING AGENT P.O.BOX 8801 | When was the debt incurred? | 2015 | |
| | Wilmington, DE 19899 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ☐ Debtor 1 only | | | |
| | Debtor 2 only | Contingent | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Unliquidated | | |
| | ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecure | d claim: | |
| | Check if this claim is for a community | Student loans | | |
| | debt | ☐ Obligations arising out of a sepa | aration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | 3 · · · · · · · · · · · · · · · · · · · | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | □Yes | ■ Other, Specify CREDIT CA | ARD | |

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| Debtor Debtor | r1 BRIAN DAVID CHRIST r2 KATIE LEE CHRIST | | Case number (if know) 18-50043-BTE | 3 |
|------------------|--|---|--|------------|
| 4.4 | BIG PICTURE LOANS | Last 4 digits of account number | 9318 | \$1,010.49 |
| | Nonpriority Creditor's Name ATTN:MANAGING AGENT P.O.BOX 704 | When was the debt incurred? | 2017 | |
| | Watersmeet, MI 49969 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify PAYDAY L | DAN | |
| 4.5 | CASH 1, LLC | Last 4 digits of account number | ALL ACCOUNTS | \$400.00 |
| | Nonpriority Creditor's Name ATTN:MANAGING AGENT 5890 S. VIRGINIA ST. | When was the debt incurred? | 2017 | |
| | Reno, NV 89502 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ■ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | | |
| | Yes | Other. Specify PAYDAY L | DAN | |
| 4.6 | CASH 1, LLC | Last 4 digits of account number | 8804 | \$857.29 |
| | Nonpriority Creditor's Name ATTN:MANAGING AGENT 5890 S. VIRGINIA ST. | When was the debt incurred? | 2017 | |
| | Reno, NV 89502 | _ | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | s: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | Check if this claim is for a community debt | | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims Debts to pension or profit-sharing | a plane, and other similar debte | |
| | ■ No | · | • | |
| | ☐ Yes | Other. Specify PAYDAY L | JAN | |

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| Debtor 1 Debtor 2 | BRIAN DAVID CHRIST KATIE LEE CHRIST | | Case number (if know) | 18-50043-BTB |
|---------------------------------|--|---|--------------------------------|------------------|
| 4.7 | CASH NET USA | Last 4 digits of account number | UNTS | \$1,000.00 |
| 2 3 0 N | Nonpriority Creditor's Name ATTN:MANAGING AGENT 200 WEST JACKSON SUITE 1400 Chicago, IL 60606-6941 Jumber Street City State Zlp Code | When was the debt incurred? As of the date you file, the claim in | 2017 is: Check all that apply | |
| []] []]] | Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community lebt s the claim subject to offset? | ☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a separeport as priority claims ☐ Debts to pension or profit-sharing | ration agreement or divorce | |
| [| Yes | Other. Specify PAYDAY Lo | OAN | |
| | CASHCO-KESTONE Nonpriority Creditor's Name ATTN:MANAGING AGENT 195-B KEYSTONE | Last 4 digits of account number When was the debt incurred? | 2028 2017 | \$680.57 |
| <u>F</u> V | Reno, NV 89503 Jumber Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
|]]] | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community | ☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans | d claim: | |
| l: | lebt s the claim subject to offset? ■ No □ Yes | ☐ Obligations arising out of a separeport as priority claims ☐ Debts to pension or profit-sharin ☐ Other. Specify PAYDAY Lo | g plans, and other similar del | |
| A F | CHECK CITY Nonpriority Creditor's Name ATTN:MANAGING AGENT P.O.BOX 970851 Drem, UT 84097 | Last 4 digits of account number When was the debt incurred? | 2399 | \$700.00 |
| V | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| [| ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | ☐ Contingent ☐ Unliquidated | | |
| [∎ d | ■ Deptor 1 and Deptor 2 only ☐ At least one of the debtors and another ■ Check if this claim is for a community lebt s the claim subject to offset? | ☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a separatory as priority deligns. | | that you did not |
| ı | ■ No □ Yes | report as priority claims Debts to pension or profit-sharin Other. Specify PAYDAY LO | | |

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| Debt Debt | or 1 BRIAN DAVID CHRIST or 2 KATIE LEE CHRIST | | Case number (if know) | 18-50043-BTB |
|--------------|---|--|---------------------------------|-----------------|
| 4.1 0 | CHECK INTO CASH | Last 4 digits of account number | ALL ACCOUNTS | \$375.00 |
| | Nonpriority Creditor's Name ATTN:MANAGING AGENT 201 KEITH STREET SW. SUITE 80 Cleveland, TN 37311 | When was the debt incurred? | 2017 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only□ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecure | d claim: | |
| | ■ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce t | hat you did not |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar del | ots |
| | Yes | Other. Specify PAYDAY L | OAN | |
| 4.1 1 | CHECK INTO CASH | Last 4 digits of account number | 4577 | \$375.00 |
| | Nonpriority Creditor's Name ATTN:MANAGING AGENT 201 KEITH STREET SW. SUITE 80 | When was the debt incurred? | 2017 | |
| | Cleveland, TN 37311 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only□ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecure | d claim: | |
| | ■ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce t | hat you did not |
| | ■ No | Debts to pension or profit-sharir | ng plans, and other similar deb | ots |
| | ☐ Yes | Other. Specify PAYDAY L | OAN | |
| 4.1 | CITIBANK/THE HOME DEPOT Nonpriority Creditor's Name | Last 4 digits of account number | 7963 | \$651.00 |
| | ATTN:MANAGING AGENT P.O.BOX 790040 | When was the debt incurred? | 2015-2017 | |
| | Saint Louis, MO 63129 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | _ | | |
| | Debtor 2 only | ☐ Contingent | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Unliquidated | | |
| | ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecure | d claim: | |
| | Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce t | hat you did not |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar del | ots |
| | ☐ Yes | ■ Other. Specify CREDIT CA | ARD | |
| | | | | - |

| Debt | or 2 KATIE LEE CHRIST | | Case number (if know) | 18-50043-BTB |
|----------|--|--|----------------------------------|-----------------|
| 4.1 3 | CREDIT ONE BANK | Last 4 digits of account number | 5954 | \$547.00 |
| <u>.</u> | Nonpriority Creditor's Name ATTN:MANAGING AGENT P.O.BOX 98873 | When was the debt incurred? | 2015- CURRENT | |
| | Las Vegas, NV 89193 | = A. (61 - 144 - 61 - 41 - 144 - 1 | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | | | |
| | ☐ Debtor 2 only | ☐ Contingent | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Unliquidated | | |
| | ☐ At least one of the debtors and another | Disputed | d alaim. | |
| | _ | Type of NONPRIORITY unsecured ☐ Student loans | a ciaim: | |
| | Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce the | hat you did not |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar deb | ıts |
| | Yes | Other. Specify CREDIT CA | | |
| 4.1 | CREDIT ONE BANK | Last 4 digits of account number | 9505 | \$750.00 |
| 4 | Nonpriority Creditor's Name ATTN:MANAGING AGENT | When was the debt incurred? | 2015-2018 | |
| | P.O.BOX 60500 City of Industry, CA 91716 Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | , | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ■ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce th | nat you did not |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar deb | ts |
| | Yes | Other. Specify CREDIT CA | ARD | |
| 4.1 5 | DISCOVER FINANCIAL | Last 4 digits of account number | 5361 | \$3,091.00 |
| | Nonpriority Creditor's Name | _ | | |
| | ATTN:MANAGING AGENT P.O.BOX 3025 | When was the debt incurred? | 2015-2017 | |
| | New Albany, OH 43054 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | | |
| | Debtor 1 only | | | |
| | ☐ Debtor 2 only | ☐ Contingent | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Unliquidated | | |
| | ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecure | d claim: | |
| | | Student loans | u viailli. | |
| | Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce th | nat you did not |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar deb | ts |
| | Yes | ■ Other. Specify CREDIT CA | ARD | |
| | | | | |

Official Form 106 E/F

Debtor 1 BRIAN DAVID CHRIST

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| Debtor Debtor | 1 BRIAN DAVID CHRIST 2 KATIE LEE CHRIST | | Case number (if know) | 18-50043-BTB | |
|------------------|--|--|--------------------------------|------------------|----------|
| 4.1 6 | DOLLAR LOAN CENTER Nonpriority Creditor's Name | Last 4 digits of account number | ALL ACCOUNTS | | \$800.00 |
| | ATTN:MANAGING AGENT 748 SOUTH MEADOWS PARKWAY #A-2 Reno, NV 89521 | When was the debt incurred? | 2017 | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | ■ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce | that you did not | |
| | ■ No | Debts to pension or profit-shari | ng plans, and other similar de | ebts | |
| | Yes | Other. Specify PAYDAY L | OAN | | |
| 4.1 | FIRST PREMIER BANK | Last 4 digits of account number | 9413 | | \$520.00 |
| | Nonpriority Creditor's Name ATTN:MANAGING AGENT 601 S. MINNESOTA AVE Sioux Falls, SD 57104 | When was the debt incurred? | 2016-2018 | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | ■ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | that you did not | | |
| | No | Debts to pension or profit-sharing | ng plans, and other similar de | ebts | |
| | ☐ Yes | ■ Other, Specify CREDIT CA | ARD | | |

| 2 KATIE LEE CHRIST | | Case number (if know) | 18-50043-BTB |
|---|--|-------------------------------|------------------|
| FREEDOMROAD FINANCIAL | Last 4 digits of account number | ALL ACCOUNTS | \$1,005.0 |
| Nonpriority Creditor's Name ATTN:MANAGING AGENT 10509 PROFESSIONAL CIRCLE STE 202 | When was the debt incurred? | 2017 | |
| Reno, NV 89521 | - A | | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| ☐ Debtor 1 only | Пол | | |
| Debtor 2 only | ☐ Contingent☐ Unliquidated | | |
| ■ Debtor 1 and Debtor 2 only | _ | | |
| ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecure | d claim: | |
| _ | Student loans | a olaliii | |
| ■ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce | that you did not |
| ■ No | ☐ Debts to pension or profit-sharing | g plans, and other similar de | ebts |
| Yes | Other. Specify PAYDAY L | | |
| GREEN VALLEY CASH | Last 4 digits of account number | 6300 | \$400.0 |
| Nonpriority Creditor's Name ATTN:MANAGING AGENT P.O.BOX 615 | When was the debt incurred? | 2017 | |
| Hays, MT 59527 Number Street City State Zlp Code | As of the date you file, the claim | ie: Chock all that apply | |
| Who incurred the debt? Check one. | As of the date you me, the claim | S. Oncok all that apply | |
| ☐ Debtor 1 only | Continue and | | |
| ☐ Debtor 2 only | ☐ Contingent☐ Unliquidated | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ■ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce | that you did not |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar de | ebts |
| □Yes | Other. Specify PAYDAY L | DAN | |
| MONEY TREE | Last 4 digits of account number | 3291 | \$2,501.0 |
| Nonpriority Creditor's Name ATTN:MANAGING AGENT P.O.BOX 58363 | When was the debt incurred? | 2017 | |
| Seattle, WA 98138 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ■ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | · · | • |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar de | ebts |
| ☐ Yes | ■ Other. Specify PAYDAY L | OAN | |

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| 2 KATIE LEE CHRIST | | Case number (if know) | |
|--|--|---------------------------------|------------------|
| MONEY TREE | Last 4 digits of account number | ALL ACCOUNTS | \$1,000.0 |
| Nonpriority Creditor's Name ATTN:MANAGING AGENT 555 S. VIRGINIA ST. | When was the debt incurred? | 2017 | |
| Reno, NV 89501 Number Street City State Zlp Code | As of the date you file, the claim i | is: Chack all that apply | |
| Who incurred the debt? Check one. | As of the date you me, the claim | is. Check all that apply | |
| ☐ Debtor 1 only | Пол | | |
| Debtor 2 only | ☐ Contingent | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Unliquidated | | |
| At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured | d alaim. | |
| | Student loans | u ciaim: | |
| ■ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce t | that you did not |
| ■ No | Debts to pension or profit-sharin | ng plans, and other similar del | hts |
| □ Yes | Other. Specify PAYDAY Lo | • • | |
| 163 | Other. Specify | - | |
| | | ALL | |
| PACIFIC MEDICAL, INC. | Last 4 digits of account number | ACCOUNTS | \$52.10 |
| Nonpriority Creditor's Name ATTN:MANAGING AGENT 1801 W OLYMPIC BLVD. | When was the debt incurred? | 2017 | |
| Pasadena, CA 91199-1616 Number Street City State Zlp Code | As of the date you file, the claim i | is: Chook all that apply | |
| Who incurred the debt? Check one. | As of the date you file, the claim | із. Спеск ан тат арріу | |
| ☐ Debtor 1 only | П | | |
| Debtor 2 only | Contingent | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Unliquidated | | |
| ☐ At least one of the debtors and another | Disputed | d alaim. | |
| _ | Type of NONPRIORITY unsecured | a ciaim: | |
| ■ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a sepa | aration agreement or divorce t | that you did not |
| • | report as priority claims Debts to pension or profit-sharin | a nlana, and ather similar del | nto. |
| ■ No | • | ig plans, and other similar dec | ots |
| Yes | Other. Specify MEDICAL | | |
| RENOWN HEALTH | Last 4 digits of account number | UNTS | \$250.00 |
| Nonpriority Creditor's Name ATTN:MANAGING AGENT P.O.BOX 30006 | When was the debt incurred? | 2017 | |
| Reno, NV 89520 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| ☐ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ■ Check if this claim is for a community | ☐ Student loans | | |
| debt | Obligations arising out of a sepa | aration agreement or divorce t | that you did not |
| Is the claim subject to offset? | report as priority claims | andono ordinario 1900. | nto. |
| No | Debts to pension or profit-sharin | ig plans, and other similar det | บเร |
| Yes | Other. Specify MEDICAL | | |

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| | r1 BRIAN DAVID CHRIST r2 KATIE LEE CHRIST | | Case number (if know) | 18-50043-BTB | | | | |
|-----|---|--|---|-----------------|--|--|--|--|
| 4.2 | | | | | | | | |
| 4.2 | SYNCHRONY BANK | Last 4 digits of account number | 0928 | \$5,835.00 | | | | |
| | Nonpriority Creditor's Name ATTN:MANAGING AGENT P.O.BOX 965004 | When was the debt incurred? | 2015-2017 | | | | | |
| | Orlando, FL 32896 Number Street City State Zlp Code | As of the date you file, the claim | s: Check all that apply | | | | | |
| | Who incurred the debt? Check one. | | | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | | |
| | ■ Check if this claim is for a community | Student loans | | | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce the | hat you did not | | | | |
| | No | Debts to pension or profit-sharing | g plans, and other similar deb | ts | | | | |
| | Yes | Other. Specify CREDIT CA | ARD | | | | | |
| 4.2 | TARGET | Last 4 digits of account number | 3940 | \$1,140.00 | | | | |
| 5 | Nonpriority Creditor's Name | | | | | | | |
| | ATTN:MANAGING AGENT P.O.BOX 9475 | When was the debt incurred? | 2015-2017 | | | | | |
| | Minneapolis, MN 55440 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | | |
| | Debtor 2 only | | | | | | | |
| | ■ Debtor 1 and Debtor 2 only | | | | | | | |
| | ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured | d claim: | | | | | |
| | ■ Check if this claim is for a community | ☐ Student loans | | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar deb | ts | | | | |
| | Yes | Other. Specify CREDIT CA | IRD | | | | | |
| 4.2 | US BANK | Last 4 digits of account number | 9625 | \$5,090.00 | | | | |
| | Nonpriority Creditor's Name ATTN:MANAGING AGENT 4325 17TH AVE. S | When was the debt incurred? | 2015 | | | | | |
| | Fargo, ND 58125 Number Street City State Zlp Code | As of the date you file, the claim i | S: Check all that apply | | | | | |
| | Who incurred the debt? Check one. | 7.0 0 , , , | or orion an that apply | | | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | |
| | ■ Debtor 1 and Debtor 2 only | Debtor 1 and Debtor 2 only | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | | |
| | Check if this claim is for a community | Student loans | | | | | | |
| | debt | ☐ Obligations arising out of a sepa | ration agreement or divorce the | hat you did not | | | | |
| | Is the claim subject to offset? | report as priority claims Debts to pension or profit-sharin | a nlans, and other similar dob | ts. | | | | |
| | | | | | | | | |
| | Yes | Other. Specify CREDIT CA | מאו | | | | | |

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| Debtor 2 | BRIAN D | AVID CHRIST EE CHRIST | | Case nu | ımber (_{if know}) | 18-50043-B | ТВ |
|--------------------|--|--|---|--|------------------------------|----------------------|-------------------------|
| 4.2 | WELLS FA | RGO | Last 4 digits of account number | 8790 | | | \$4,217.00 |
| | Nonpriority Cre ATTN:MAN P.O.BOX 10 Des Moines | AGING AGENT 0347 | When was the debt incurred? | 2015-2 | 2017 | | |
| _ | Number Street | City State Zlp Code the debt? Check one. | As of the date you file, the claim | n is: Check a | all that apply | | |
| | Debtor 1 on | ly | ☐ Contingent | | | | |
| | Debtor 2 on | ly | ☐ Unliquidated | | | | |
| | Debtor 1 an | d Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one | of the debtors and another | Type of NONPRIORITY unsecure | ed claim: | | | |
| | Check if th | is claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim su | bject to offset? | ☐ Obligations arising out of a sepreport as priority claims | paration agre | eement or divorce | that you did not | |
| | ■ No | | Debts to pension or profit-shar | ing plans, a | nd other similar de | ebts | |
| | ☐ Yes | | Other. Specify CREDIT C | ARD | | | |
| Part 3: | List Other | s to Be Notified About a Do | ebt That You Already Listed | | | | |
| is tryin have n | ng to collect from | om you for a debt you owe to s | about your bankruptcy, for a debt that comeone else, list the original creditor i at you listed in Parts 1 or 2, list the add or submit this page. | in Parts 1 o | r 2, then list the | collection agency | here. Similarly, if you |
| | nd Address | | On which entry in Part 1 or Part 2 did yo | | • | | |
| | RAN FINANC MANAGING | • | | | | rity Unsecured Clain | |
| P.O.B0 | | AGENT | | Part 2: C | reditors with Nonp | priority Unsecured C | Claims |
| Sauk F | Rapids, MN | 56379-0610 | Last 4 digits of account number | | | | |
| | | | | | | | |
| | nd Address OF NEVADA | HC | On which entry in Part 1 or Part 2 did yo Line 4.7 of (<i>Check one</i>): | | • | rity Unsocured Clair | ne |
| | MANAGING | | | ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims | | | |
| | JACKSON | BLVD. | | — T alt 2. 0 | realtors with Horis | onomy onsecured c | zianiis |
| SUITE | 1000 30, IL 60604 | | | | | | |
| Omoag | go, 1⊑ 0000∓ | | Last 4 digits of account number | | | | |
| Name an | nd Address | | On which entry in Part 1 or Part 2 did yo | u list the ori | ginal creditor? | | |
| | Y TREE | ACENT | | | | rity Unsecured Clain | |
| 555 S. | MANAGING VIRGINIA S NV 89501 | | | Part 2: C | reditors with Nonp | priority Unsecured C | Claims |
| rterio, | 144 05501 | | Last 4 digits of account number | | | | |
| PACFI | nd Address C MEDICAL MANAGING | | | ☐ Part 1: C | reditors with Prior | rity Unsecured Clain | |
| P.O.BO | | | | — Fait 2. C | realtors with North | ononly onsecured C | Jiaiiiis |
| Tracy, | CA 95378 | | Last 4 digits of account number | | | | |
| | | | | | | | |
| | | | Insecured Claim aims. This information is for statistical | reporting p | ourposes only. 28 | 8 U.S.C. §159. Add | the amounts for each |
| | | | | | Total | l Claim | |
| _ | 6a. | Domestic support obligation | ns | 6a. | \$ | 0.00 | |
| cla | otal | | | | | | |
| from Pa | | | | 6b. | \$ | 8,388.00 | |
| | 6c. 6d. | | Il injury while you were intoxicated nsecured claims. Write that amount here. | 6c. 6d. | \$ | 0.00 | |

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Debtor 1 BRIAN DAVID CHRIST 18-50043-BTB Debtor 2 KATIE LEE CHRIST Case number (if know) Total Priority. Add lines 6a through 6d. 6e. 8,388.00 **Total Claim** 6f. Student loans 6f. 0.00 Total claims from Part 2 Obligations arising out of a separation agreement or divorce that 6g. 0.00 you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts 6g. 6h. 6h. 0.00 6i. Other. Add all other nonpriority unsecured claims. Write that amount 6i. 61,124.50 Total Nonpriority. Add lines 6f through 6i. 6j. 61,124.50

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| Fill in this inforr | mation to identify your | case: | | |
|---|-------------------------|--------------------|-----------|--|
| Debtor 1 | BRIAN DAVID CH | RIST | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | KATIE LEE CHRIS | ST | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | DISTRICT OF NEVADA | | |
| Case number | 18-50043-BTB | | | |
| (if known) | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | r company with Name, Number | whom you have the | contract or lease | State what the contract or lease is for |
|-----|------------|--------------------------------|-------------------|-------------------|---|
| 2.1 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.2 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.3 | Oity | | State | Zii Code | |
| 2.0 | Name | | | | _ |
| | Ivallie | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.4 | City | | State | ZIF Code | |
| 2.4 | Name | | | | _ |
| | Number | Street | | | _ |
| | . 10111001 | 211001 | | | |
| | City | | State | ZIP Code | - |
| 2.5 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |

Case 18-50043-btb Doc 33 Entered 01/30/18 13:53:44 Page 32 of 37

| Fill in thi | is information t | o identify you | case: | | | |
|---------------------------|----------------------|------------------------|---------------------------|---|----------------------------|---|
| Debtor 1 | BRI | AN DAVID C | HRIST | | | |
| | First N | | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, f | | TIE LEE CHR | Middle Name | Last Name | | |
| | 0 , | | | | | |
| United St | tates Bankruptcy | Court for the: | DISTRICT OF NEVA | ADA | | |
| Case nur | mber 18-500 4 | 43-BTB | | | | |
| (if known) | | | | | | ☐ Check if this is an |
| | | | | | | amended filing |
| Officia | al Form 1 | 06H | | | | |
| | | | labtana | | | |
| Sche | dule H: Y | our Coc | lebtors | | | 12/15 |
| your nam | e and case nur | nber (if knowr |). Answer every quest | | | p of any Additional Pages, write |
| ■ No | _ | | | | | |
| | _ | | | | | |
| | 23 | | | | | |
| | | | | r property state or territory Puerto Rico, Texas, Washir | | ty states and territories include |
| Alizo | nia, Camorna, n | uario, Louisiario | i, Nevaua, New Mexico, | rueito Nico, Texas, Wasiiii | igiori, ariu vviscorisiri. |) |
| ■ No | o. Go to line 3. | | | | | |
| □ Ye | es. Did your spo | use, former spo | ouse, or legal equivalent | live with you at the time? | | |
| | | | | | | |
| in lin Form | ne 2 again as a | codebtor only | if that person is a gua | rantor or cosigner. Make s | ure you have listed t | ng with you. List the person shown the creditor on Schedule D (Official , Schedule E/F, or Schedule G to fill |
| | Column 1: You | ır codebtor | | | Column 2: The cr | editor to whom you owe the debt |
| | Name, Number, Str | eet, City, State and 2 | ZIP Code | | Check all schedul | es that apply: |
| 3.1 | | | | | ☐ Schedule D. lir | ne |
| 0.1 | Name | | | | _ ☐ Schedule E/F, | |
| | | | | | ☐ Schedule G, lir | · · · · · · · · · · · · · · · · · · · |
| | Number | Street | | | _ | |
| | City | | State | ZIP Code | | |
| | | | | | | |
| 3.2 | | | | | ☐ Schedule D, lir | ne |
| | Name | | | | ☐ Schedule E/F, | |
| | | | | | ☐ Schedule G, lir | ne |
| | Number | Street | | | - | |
| | City | | State | ZIP Code | | |

Official Form 106H Software Copyright (c) 1996-2017 Best Case, LLC - www.bestcase.com

| Fill in this information to identify your case: | |
|--|---|
| Debtor 1 BRIAN DAVID CHRIST | |
| Debtor 2 KATIE LEE CHRIST (Spouse, if filing) | |
| United States Bankruptcy Court for the: DISTRICT OF NEVADA | |
| Case number (If known) 18-50043-BTB | Check if this is: An amended filing A supplement showing postpetition chapter |
| Official Form 106l | 13 income as of the following date: |

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | Describe Employment | | | | | |
|-----|---|-----------------------|--------------------------------------|-------------------|--|--|
| 1. | Fill in your employment information. | | Debto | r 1 | Debtor 2 or non-filing spouse | |
| | If you have more than one job, | Employment status | ■ Em | ployed | ■ Employed | |
| | attach a separate page with information about additional | Employment status | ☐ Not employed | | ☐ Not employed | |
| | employers. | Occupation | PRO | JECT MANAGER | PARALEGAL | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | SUNS | SERI CONSTRUCTION | WILLIAM A VANMETER CH.13 TRUSTEE | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | 48 COMANCHE COURT Chico, CA 95928 | | 1225 WESTFIELD AVE. STE. 4 Reno, NV 89502 | |
| | | How long employed the | nere? | 21 YEARS | 15 YEARS | |

Give Details About Monthly Income Part 2:

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 4,988.00 7,916.14 deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 3. 0.00 0.00 Calculate gross Income. Add line 2 + line 3. 7,916.14 4,988.00

Official Form 106I Schedule I: Your Income page 1

| | otor 1 otor 2 | BRIAN DAVID CHRIST KATIE LEE CHRIST | | Case | number (<i>if known</i>) | 18-50043- | втв | |
|-----|-----------------------|---|-------------------|----------------|----------------------------|----------------|----------------------|-----------|
| | Cor | py line 4 here | 4. | For \$ | Debtor 1 7,916.14 | For Debto | | |
| | 001 | py line 4 here | ٦. | Ψ | 7,310.14 | | 1,300.00 | _ |
| 5. | List | t all payroll deductions: | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$ | 1,684.00 | \$ | 897.00 | _ |
| | 5b. | Mandatory contributions for retirement plans | 5b. | \$ | 0.00 | \$ | 0.00 | _ |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$ | 0.00 | \$ | 0.00 | _ |
| | 5d. 5e. | Required repayments of retirement fund loans Insurance | 5d. | \$ \$ | 540.00 | - \$ | 188.00 | _ |
| | 5e. 5f. | Domestic support obligations | 5e. 5f. | * * | 0.00 | . \$ | 0.00 | _ |
| | 5g. | Union dues | 5g. | \$_ | 0.00 | - \$ | 0.00 | _ |
| | 5h. | | 5h.+ | - : | 100.00 | + \$ | 100.00 | _ |
| 6. | Add | d the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | 2,324.00 | \$ | 1,185.00 | _ |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 5,592.14 | \$; | 3,803.00 | _ |
| 8. | List 8a. | t all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$ | 0.00 | - - \$ | 0.00 | _ |
| | 8b. | • | 8b. | \$ | 0.00 | \$ | 0.00 | _ |
| | 8c. 8d. 8e. | , , , , | 8c. 8d. 8e. | \$ \$ \$ | 0.00 0.00 0.00 | \$\$ \$\$ | 0.00 0.00 0.00 | _ |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f. | \$ | 0.00 | \$ | 0.00 | _ |
| | 8g. | | 8g. | \$ | 0.00 | | 0.00 | _ |
| | 8h. | Other monthly income. Specify: TRUCK ALLOWANCE | _ 8h.+ _ | \$_ | 312.90 | . + \$ | 0.00 | _ |
| 9. | Add | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 312.90 | \$ | 0.0 | 0 |
| 10. | Cal | culate monthly income. Add line 7 + line 9. | 10. \$ | ; | 5,905.04 + \$ | 3,803.00 | = \$ | 9,708.04 |
| | Add | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | | | |] [| |
| 11. | Incli othe Do i | te all other regular contributions to the expenses that you list in Schedule lude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a ecify: | depen | - | | sted in Schedu | le J. +\$ | 0.00 |
| 12. | | d the amount in the last column of line 10 to the amount in line 11. The rest te that amount on the Summary of Schedules and Statistical Summary of Certain blies | | | | | \$ | 9,708.04 |
| 13. | Do : | you expect an increase or decrease within the year after you file this form? | ? | | | | | ly income |
| | | Yes. Explain: | | | | | | |
| | | | | | | | | |

Official Form 106I Schedule I: Your Income page 2

| Fill | in this information to identify your case: | | | | |
|------|--|-------------------------|--------------|----------------------------------|---|
| Deb | btor 1 BRIAN DAVID CHRIST | | | ck if this is: An amended filing | |
| | otor 2 KATIE LEE CHRIST ouse, if filing) | | | 9 | ving postpetition chapter the following date: |
| Unit | ted States Bankruptcy Court for the: DISTRICT OF NEVADA | | | MM / DD / YYYY | |
| 1 | se number (nown) 18-50043-BTB | | | | |
| | fficial Form 106J | | | | |
| | chedule J: Your Expenses | es filiese to mother he | | | 12/1 |
| info | as complete and accurate as possible. If two married people ar ormation. If more space is needed, attach another sheet to this mber (if known). Answer every question. It 1: Describe Your Household Is this a joint case? | form. On the top of | any additi | onal pages, write y | our name and case |
| | □ No. Go to line 2. | | | | |
| | ■ Yes. Does Debtor 2 live in a separate household? | | | | |
| | ■ No□ Yes. Debtor 2 must file Official Form 106J-2, Expenses | s for Separate House | ehold of Deb | otor 2. | |
| 2. | Do you have dependents? ☐ No | | | | |
| | Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent | Dependent's relati | | Dependent's age | Does dependent live with you? |
| | Do not state the dependents names. | Son | | 11 | □ No ■ Yes |
| | | Daughter | | 15 | □ No ■ Yes |
| | | | | | □ No □ Yes |
| | | - | | | □ res |
| 3. | Do your expenses include expenses of people other than yourself and your dependents? ■ No | | | | ☐ Yes |
| exp | Estimate Your Ongoing Monthly Expenses timate your expenses as of your bankruptcy filing date unless yourness as of a date after the bankruptcy is filed. If this is a suppolicable date. | | | | |
| the | clude expenses paid for with non-cash government assistance it value of such assistance and have included it on <i>Schedule I:</i> Yificial Form 106I.) | | | Your expo | enses |
| 4. | The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot. | nclude first mortgage | 4. | \$ | 1,025.00 |
| | If not included in line 4: | | | | |
| | 4a. Real estate taxes | | 4a. | \$ | 0.00 |
| | 4b. Property, homeowner's, or renter's insurance | | 4b. | \$ | 0.00 |
| | 4c. Home maintenance, repair, and upkeep expenses | | 4c. | · | 275.00 |
| 5. | 4d. Homeowner's association or condominium dues Additional mortgage payments for your residence, such as ho | me equity loans | 4d. 5 | | 95.00 0.00 |
| | | 5 9 4 , 10 41 10 | ٠. ١ | • | 0.00 |

| tor 1 BRIAN DAVID CHRIST tor 2 KATIE LEE CHRIST | Case num | per (if known) | 18-50043-BTB |
|--|--------------------------|------------------|---------------------------------------|
| Utilities: | | | |
| 6a. Electricity, heat, natural gas | 6a. | \$ | 335.00 |
| 6b. Water, sewer, garbage collection | 6b. | \$ | 140.00 |
| 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ | 490.00 |
| 6d. Other. Specify: | 6d. | \$ | 0.00 |
| Food and housekeeping supplies | | \$ | 1,200.00 |
| Childcare and children's education costs | 8. | \$ | 250.00 |
| Clothing, laundry, and dry cleaning | 9. | \$ | 300.00 |
| Personal care products and services | 10. | \$ | 250.00 |
| Medical and dental expenses | 11. | \$ | 800.00 |
| Transportation. Include gas, maintenance, bus or train fare. | 40 | Φ. | 980.00 |
| Do not include car payments. | 12. | \$ | |
| Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 250.00 |
| Charitable contributions and religious donations | 14. | \$ | 500.00 |
| Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | | |
| 15a. Life insurance | 15a. | \$ | 50.00 |
| 15b. Health insurance | 15b. | · | 0.00 |
| 15c. Vehicle insurance | 15c. | \$ | 330.00 |
| 15d. Other insurance. Specify: PET INSURANCE | 15d. | · | 50.00 |
| Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. | | . — | 23.00 |
| Specify: | 16. | \$ | 0.00 |
| Installment or lease payments: | | | |
| 17a. Car payments for Vehicle 1 | 17a. | * | 640.00 |
| 17b. Car payments for Vehicle 2 | 17b. | \$ | 0.00 |
| 17c. Other. Specify: | 17c. | \$ | 0.00 |
| 17d. Other. Specify: | 17d. | \$ | 0.00 |
| Your payments of alimony, maintenance, and support that you did not report as | 10 | • | 0.00 |
| deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | \$ | |
| Other payments you make to support others who do not live with you. | 40 | \$ | 200.00 |
| Specify: Pays Parents for dropping off and picking up kids from schoo | 19. | | |
| Other real property expenses not included in lines 4 or 5 of this form or on <i>Sched</i> 20a. Mortgages on other property | <i>uue I: Yd</i> 20a. | | 0.00 |
| 20b. Real estate taxes | 20a. 20b. | · | 0.00 |
| 20c. Property, homeowner's, or renter's insurance | 20b. 20c. | \$ | 0.00 |
| 20d. Maintenance, repair, and upkeep expenses | 20d. | | 0.00 |
| 20e. Homeowner's association or condominium dues | 20d. 20e. | \$ | 0.00 |
| Other: Specify: TUTOR FOR SON | 206. | · | 217.00 |
| | | +\$ | |
| GYM MEMBERSHIP | | +0 | 140.00 |
| Calculate your monthly expenses | | | |
| 22a. Add lines 4 through 21. | | \$ | 8,517.00 |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | |
| 22c. Add line 22a and 22b. The result is your monthly expenses. | | \$ | 8,517.00 |
| | | | <u> </u> |
| Calculate your monthly net income. | 00- | œ. | 0.700.0 |
| 23a. Copy line 12 (your combined monthly income) from Schedule I. | 23a. | · | 9,708.04 |
| 23b. Copy your monthly expenses from line 22c above. | 23b. | -\$ | 8,517.00 |
| 23c. Subtract your monthly expenses from your monthly income. | | | |
| The result is your <i>monthly net income</i> . | 23c. | \$ | 1,191.04 |
| | | | · · · · · · · · · · · · · · · · · · · |
| Do you expect an increase or decrease in your expenses within the year after you | | | |
| For example, do you expect to finish paying for your car loan within the year or do you expect your r | mortgage p | payment to incre | ease or decrease because |
| modification to the terms of your mortgage? | | | |
| ■ No. | | | |

| Fill in this inforn | nation to identify your | case: | | | | | |
|--|--|--|---|--------------------------------------|--|--|--|
| Debtor 1 | BRIAN DAVID CI | | | | | | |
| | First Name | Middle Name | Last Name | | | | |
| Debtor 2 | | KATIE LEE CHRIST | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | | |
| United States Bar | nkruptcy Court for the: | DISTRICT OF NEVADA | | | | | |
| | 18-50043-BTB | | | | | | |
| (if known) | | | | ☐ Check if this is an amended filing | | | |
| If two married pe You must file this obtaining money | ople are filing togethers | er, both are equally responsi ile bankruptcy schedules or in connection with a bankru | Debtor's Schedules ble for supplying correct information. amended schedules. Making a false s ptcy case can result in fines up to \$250 | | | | |
| Sign | n Below | | | | | | |
| Did you pay | y or agree to pay some | eone who is NOT an attorney | y to help you fill out bankruptcy forms | ? | | | |
| ■ No | | | | | | | |
| ☐ Yes. N | lame of person | of person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) | | | | | |
| | Ity of perjury, I declare true and correct. | that I have read the summa | ry and schedules filed with this declar | ration and | | | |
| X /s/ BRI | AN DAVID CHRIST | | X /s/ KATIE LEE CHRIST | | | | |
| BRIAN | DAVID CHRIST | | KATIE LEE CHRIST | | | | |

Signature of Debtor 2

Date **January 30, 2018**

Signature of Debtor 1

Date **January 30, 2018**